

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)
WIC Nutrition Program

Tel. (207) 287-3991 or (800) 437-9300

Fax: 207-287-3993

Compliance Buy Reporting Form

- Summarize the events that occurred during the compliance purchase immediately upon exiting the store
- If more than one check is used on the same date in the same store fill out multiple check logs indicating "1 of 2" and "2 of 2" and attach log(s).
- Attach receipt(s) to the back of form
- Food disposition- WIC approved foods that have been purchased appropriately should be donated to an approved organization. Community nonprofit charitable organizations, such as churches, food banks, and so on, are the best donation sites.
- <u>Items purchased that are not WIC approved</u> are to be kept as evidence of program non-compliance.
- Submit to State Agency completed Compliance Report within five business days of purchase date

			Demograph	ics				
Store Name:					Vendor No			
Address:			City:					
Buy Type:	Trafficking	Safe	Short	☐ Major S	ubstitution	Minor Subst	itution	
Compliance buy date: Time entered store: Time exited store:			Visit number: Number of chattach logs a		necks used: and receipts)			
	Compli	ance Buy Scenar	io (what is the pl	an? Note any o	changes to plan):			
	Complia	nce Buy Outcom	e (Fill out immed	iately following	g compliance buy	()		
Store Open:	Yes No Clo	osed due to:	Cessation of o	perations	Other:			
Register #:	# of Custom	ers Ahead:	# o	f Customers Be	ehind:			
Cashier Name T	ag:							
Sex:	nale \square Male H	eight:	ft	in. Build:	Small	☐ Medium ☐	Large	
Estimated Age:	☐ Teen ☐	20-25 🗆 26-	30 🗆 31-35		41-45 🔲 46-	50 🗆 51-55	□ 56+	
Apparent Ethnicit	ty: 🗌 White	Black	Hispanic	Asian	Other			
Other Identifyin	g Information:							

Did cashier refuse to transact WIC check?	Jyes ∐No	
Reason given for refusal:		
Did cashier request your WIC Participant Folder?	□Yes □No	
Did cashier confirm dates on the WIC check?	□Yes □No	
Did cashier verify the WIC products?	□Yes □No	
oid cashier ring in only the items on WIC check?	□Yes □No	
Cashier allowed you to buy: Alcohol/ Tobacco		her WIC food not on check
· · · <u> </u>	_	_
	shelf price Lfor food not purchased, but listed on W	
Did cashier request the amount to be written on WIG fno, amount entered by : \square Clerk \square Reg		∐Yes ∐No
f no, amount entered by : ☐Clerk ☐Reg Did cashier request a signature prior to total amount		
Did cashier request a signature prior to total amount		
Did the cashier offer receipt?	□Yes □No	
(if applicable) Did cashier request bottle deposit?	□ Yes □ No	
Do cash registers use scanners?	□Yes □No	
Did cashier sell expired WIC food?	□Yes □No	
Were you treated the same as other customers?	□Yes □No	
Was the cashier able to perform correct procedure v	without assistance?	
If no, was there a WIC procedure card or instructions		
Did store have stock of WIC foods on shelves?	□Yes □No	
f no, did cashier provide: Rain check or sto	ore credit Provide cash for WIC checks	□ N/A
Other issues/deficiencies:		
Comments/ Observations:		
The facts stated on this Compliance Buy Reporting as a witness in any proceeding, I am competent to	g Form are true and accurate to the best of my knowled testify to the matters stated herein on this form.	edge. If I am called to testi
Compliance Shopper Print	Compliance Shopper Signature	Date
Page # of Page	Vendor #	_ Date: